

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Charles W. Stellar

Signature of Treasurer

Electronically Filed by Charles W. Stellar

Date

07

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011 ^{Y Y Y}	100661.07
(b) Cash on Hand at Beginning of Reporting Period	62226.38	
(c) Total Receipts (from Line 19)	37936.46	132074.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100162.84	232735.38
7. Total Disbursements (from Line 31)	42063.48	174636.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58099.36	58099.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	21562.78	71719.59
(ii) Unitemized	873.68	7854.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22436.46	79574.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15500.00	52500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37936.46	132074.31
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	37936.46	132074.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37936.46	132074.31

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	63.48	886.02	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	63.48	886.02	
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	169000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤	0.00	0.00	
29. Other Disbursements.....	2500.00	2250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42063.48	174636.02	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42063.48	174636.02	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37936.46	132074.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37936.46	132074.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63.48	886.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63.48	886.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-2

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-2

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-3

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)

458.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South BuildingCity State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
PlansOccupation
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-3

Amount of Each Receipt this Period

208.33

B.

Full Name (Last, First, Middle Initial)

Christopher Booth

Mailing Address 165 Court St

City State Zip Code
Rochester NY 14647-0001FEC ID number of contributing
federal political committee.

C

Name of Employer
The Lifetime Healthcare
CompaniesOccupation
EVP and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 2B11CBC459871819AA3

Amount of Each Receipt this Period

1667.00

C.

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South BuildingCity State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
PlansOccupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-4

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

1917.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-4

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-7

Amount of Each Receipt this Period

104.17

C.

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-7

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional)

250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Public Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-9

Amount of Each Receipt this Period

31.25

B.

Full Name (Last, First, Middle Initial)

Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Public Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.06

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-9

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-12

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-12

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Cynthia Depew

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Manager of Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-13

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Cynthia Depew

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Manager of Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-13

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

104.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Zeke Duda

Mailing Address 23 Old Westfall Dr

City

Rochester

State

NY

Zip Code

14625-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lifetime Healthcare Compa-
nies

Occupation

Senior Executive VP and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: D44F257DCC13B62C3B5

Amount of Each Receipt this Period

1667.00

B.

Full Name (Last, First, Middle Initial)

Katie Dunning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-15

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Katie Dunning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-15

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

1750.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Durham

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-16

Amount of Each Receipt this Period

208.33

B.

Full Name (Last, First, Middle Initial)

Daniel Durham

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-16

Amount of Each Receipt this Period

208.33

C.

Full Name (Last, First, Middle Initial)

Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-17

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

447.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-17

Amount of Each Receipt this Period

31.25

B.

Full Name (Last, First, Middle Initial)

Candy Gallaher

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, State Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-18

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-19

Amount of Each Receipt this Period

27.08

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South BuildingCity State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.**C**Name of Employer
America's Health Insurance
PlansOccupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: 2011062615527-19

Amount of Each Receipt this Period

27.08

B.

Full Name (Last, First, Middle Initial)

Jay Gellert

Mailing Address 21650 Oxnard St
Ste 2200City State Zip Code
Woodland Hills CA 91367-4901FEC ID number of contributing
federal political committee.**C**Name of Employer
Health Net, Inc.Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

Transaction ID: 6FBB34E651C8484EFF6

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Daniel Hilferty

Mailing Address 200 Stevens Dr

City State Zip Code
Philadelphia PA 19113-1522FEC ID number of contributing
federal political committee.**C**Name of Employer
Keystone Mercy Health PlanOccupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	1

Transaction ID: 14D1C89B1FFAE1BA329

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

5027.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-22

Amount of Each Receipt this Period

31.25

B.

Full Name (Last, First, Middle Initial)

Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-22

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Edward Hopkins

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director, Business Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-23

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Edward Hopkins

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director, Business Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-23

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Burt Hudson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-24

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-25

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-25

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

David Klein

Mailing Address 165 Court St

City State Zip Code
Rochester NY 14647-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Lifetime Healthcare
Companies

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: A8D4124B5F134894CCB

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-27

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-27

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-28

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-28

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

291.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-29

Amount of Each Receipt this Period

104.17

B.

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-29

Amount of Each Receipt this Period

104.17

C.

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-30

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

229.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-30

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-32

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-32

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Michael McCallister

Mailing Address 500 W Main St

City

Louisville

State

KY

Zip Code

40202-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: EE8E120354150FC2979

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-35

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-35

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

2040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-37

Amount of Each Receipt this Period

104.17

B.

Full Name (Last, First, Middle Initial)

Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-37

Amount of Each Receipt this Period

104.17

C.

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-38

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-38

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-40

Amount of Each Receipt this Period

20.83

C.

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-40

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

83.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South BuildingCity State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.**C**Name of Employer
America's Health Insurance
PlansOccupation
Vice President Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

Transaction ID: 20110613153145-41

Amount of Each Receipt this Period

104.17

B.

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South BuildingCity State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.**C**Name of Employer
America's Health Insurance
PlansOccupation
Vice President Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: 2011062615527-41

Amount of Each Receipt this Period

104.17

C.

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South BuildingCity State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.**C**Name of Employer
America's Health Insurance
PlansOccupation
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

Transaction ID: 20110613153145-42

Amount of Each Receipt this Period

130.47

SUBTOTAL of Receipts This Page (optional)

338.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.64

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-42

Amount of Each Receipt this Period

130.47

B.

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-43

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-43

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

297.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Mark Pratt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
SVP, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-44

Amount of Each Receipt this Period

166.67

B.

Full Name (Last, First, Middle Initial)

Mark Pratt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
SVP, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-44

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-46

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)

354.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-46

Amount of Each Receipt this Period

20.83

B.

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-47

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-47

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

187.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-48

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-48

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Stephen Sloan

Mailing Address 35 Thomas Grv

City State Zip Code
Pittsford NY 14534-3073

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Lifetime Healthcare
Companies

Occupation

SVP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 6488CE8D46C6FEF4459

Amount of Each Receipt this Period

1667.00

SUBTOTAL of Receipts This Page (optional)

1750.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-49

Amount of Each Receipt this Period

104.17

B.

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-49

Amount of Each Receipt this Period

104.17

C.

Full Name (Last, First, Middle Initial)

Buck Stinson

Mailing Address 6620 W Broad St
Bldg 4

City State Zip Code
Richmond VA 23230-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genworth Financial

Occupation
President, Long Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: 22781FF52861670F0DB

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1208.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-51

Amount of Each Receipt this Period

208.33

B.

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-51

Amount of Each Receipt this Period

208.33

C.

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-53

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

499.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-53

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-54

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-54

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

145.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Brad Wolfram

Mailing Address 1405 High Lonesome

City

Leander

State

TX

Zip Code

78641-3660

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Teacher Associates
Insurance Co

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: C2456F69F61727656B0

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: 20110613153145-56

Amount of Each Receipt this Period

104.17

C.

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation
Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2011062615527-56

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional)

1208.34

TOTAL This Period (last page this line number only)

21562.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 43

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Aetna Inc. Political Action Committee

Mailing Address 20 F Street, N.W.
Suite 350

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 902A2B1A4F9D2A97CCC

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Genworth Financial Inc Political Action Committee

Mailing Address 6620 W. Broad Street

City State Zip Code
Richmond VA 23230

FEC ID number of contributing
federal political committee.

C C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: F8C562CD47091B820D5

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mutual of Omaha Companies Pac (IMPAC)

Mailing Address Mutual of Omaha Plaza

City State Zip Code
Omaha NE 68175

FEC ID number of contributing
federal political committee.

C C00094581

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 1010F028BF37FABAB04

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Universal American Corp. Pac

Mailing Address 6 International Drive Suite 190

City	State	Zip Code
Rye Brook	NY	10573

FEC ID number of contributing
federal political committee.**C** C00433029

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: 271808DCBFC878BEDB7

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

15500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Merchant Service Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 671FE8094076AD3F091

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

31.74

B.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement
Merchant Service Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8EF6CB061A693A0B11F

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

31.74

SUBTOTAL of Disbursements This Page (optional)

63.48

TOTAL This Period (last page this line number only)

63.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.	Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	Transaction ID: 7E361497F2E29C9BBF8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	Mailing Address 8550 United Plaza Blvd. Suite 1001	
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2012 Primary	011 Category/ Type
	Candidate Name William Cassidy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: LA District: 06	
B.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: D97970C200048F4D818 Date of Disbursement
	Mailing Address PO Box 12567	M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 1
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2012 Primary	011 Category/ Type
	Candidate Name James E. Clyburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 06	
C.	Full Name (Last, First, Middle Initial) Friends of John Barrow	Transaction ID: 5BDF6F033FA2754B770 Date of Disbursement
	Mailing Address PO Box 8166	M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2012 Primary	011 Category/ Type
	Candidate Name John Jenkins Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 12	
SUBTOTAL of Disbursements This Page (optional)		6000.00
TOTAL This Period (last page this line number only)		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Guthrie for Congress

Mailing Address PO Box 9639

City
Bowling GreenState
KYZip Code
42102Purpose of Disbursement
2012 PrimaryCandidate Name
S. Brett Guthrie011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: C5379ABF6070923152E

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Kelly Pac

Mailing Address 901 N Washington Street Suite 102

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2011 ContributionCandidate Name
Kelly Pac011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 3D85B7D6D0974A15950

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kind for Congress Committee

Mailing Address 205 5th Avenue South

City
La CrosseState
WIZip Code
54601Purpose of Disbursement
2012 PrimaryCandidate Name
Ron Kind011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 56DB35F2A7080924772

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Larson for Congress

Mailing Address PO Box 479

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
2012 ConventionCandidate Name
John B. Larson

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 01

Transaction ID: B6CFB7C30B75F6D9C31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City
Palm SpringsState
CAZip Code
92263Purpose of Disbursement
2012 PrimaryCandidate Name
Mary Bono Mack

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 23D07B0757CA7E10890

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Menendez for Senate

Mailing Address One Gateway Center Suite 520

City
NewarkState
NJZip Code
07102Purpose of Disbursement
2012 PrimaryCandidate Name
Robert Menendez

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: 6DBFF1002766C8AE045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 7525B7EDB950B4EA49D Date of Disbursement																				
Mailing Address PO Box 2334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	1	1												
City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Michael Clifton Burgess	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: D11FDE3C5D26BADD262 Date of Disbursement																				
Mailing Address PO Box 8666	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 General Candidate Name E. Benjamin Nelson	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 4D3FF58C2A1F0DD1DA6 Date of Disbursement																				
Mailing Address PO Box 8666	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City Omaha State NE Zip Code 68108	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name E. Benjamin Nelson	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Next Century Fund

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2011 ContributionCandidate Name
Next Century Fund011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Transaction ID: 5ADD690AE9A46A69AE4

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2012 PrimaryCandidate Name
Thomas E. Price, M.D.011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼
Contribution

State: GA District: 06

Transaction ID: 092D5E1C8FEE6AF3440

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2011 ContributionCandidate Name
Republican Operation To Secure and Keep a Majority
(ROSKAM PAC)011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Transaction ID: AFB6DE0EC7BE9E51DE3

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Rogers for Congress

Mailing Address PO Box 581

City
Brighton

State
MI

Zip Code
48116

Purpose of Disbursement
2012 Primary

Candidate Name
Mike Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 52646879C5F9D03E643

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Scott Brown for Us Senate Committee Inc

Mailing Address PO Box 395

City
Wrentham

State
MA

Zip Code
02903

Purpose of Disbursement
2012 Primary

Candidate Name
Scott Philip Brown

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: 2EC7A3A8D756EAA6B58

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address PO Box 32025

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
2011 Contribution

Candidate Name
Senate Majority Fund

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: BF4945072DE2BF5A605

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Solidarity Pac

Mailing Address 700 13th Street, NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2011 Contribution

Candidate Name
Solidarity Pac

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

Transaction ID: 8B5D5442A01EC4B0B2F

Date of Disbursement

06 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
2012 Primary

Candidate Name
Sue Wilkins Myrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 09

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90C1F60261D1DB8E807

Date of Disbursement

06 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

39500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

House Republican Campaign Committee

Mailing Address 106 Carter Street

City
Fredericksburg

State
VA

Zip Code
22405-2308

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 67D298F6ADEE90B8F02

Date of Disbursement

/

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00